



American Embassy Rangoon, Burma  
Consular Section  
AMERICAN CITIZEN REGISTRATION (RESIDENTS)

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Local Address (Home): Street: \_\_\_\_\_

Township: \_\_\_\_\_ City: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cellular phone (with appropriate prefix): \_\_\_\_\_

Local Address (Work): Street: \_\_\_\_\_

Township: \_\_\_\_\_ City: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: M ☐ F ☐ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

Purpose of Stay: \_\_\_\_\_

Emergency Contact Address:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Address in US: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRIVACY ACT NOTICE

The information solicited on this form is authorized by 22 U.S.C. Section 2658. The purpose of registration is to create an official record of U.S. nationality that will enable consular and diplomatic officers to furnish promptly and efficiently all services to which a U.S. citizen is entitled abroad. The options listed below provide us with authorization to release information contained on this card to other persons. Without such authorization we cannot provide ANY information to ANYONE. Please put a circle (YES/NO) by at least one of the choices listed below and sign at the bottom of the card.

Family members (YES / NO ) Names / Relationship:

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Anyone: YES / NO

Embassy Warden: YES / NO

The Embassy warden system is designed to notify U.S. citizens in the event of an emergency. The wardens are appointed by the Embassy and their role is to provide timely information to U.S. citizens residing in their district.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE KNOW THAT NONE OF YOUR INFORMATION WILL BE RELEASED TO FAMILY MEMBERS UNLESS YOU SIGN THE ABOVE PRIVACY ACT NOTICE.
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